



0521925

**DECLARATION
and
POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled LIGHTED DISSECTOR AND METHOD FOR USE, the specification of which

☒ is attached hereto.

☐ was filed on _____ as
Application Serial No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim U.S. provisional application or foreign priority benefits under Title 35, United States Code, §119 of any U.S. provisional applications or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior U.S. Provisional or Foreign Application(s)				
			Priority Claimed	
Number	Country	Day/Month/Year Filed	Yes	No

I hereby appoint the Practitioners at Customer Number 26874, c/o Frost Brown Todd LLC as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the foregoing Practitioners to accept and follow instructions from AtriCure Corporation as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the undersigned and the aforementioned Practitioners. In the event of a change in the firm or persons from whom instructions may be taken, the aforementioned Practitioners will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sole or first inventor:

Signature: Joetta Renee Palmer Date: 2.20.04
 Full Name: Joetta Renee Palmer
 Residence: 3849 Cherry Brook Lane
Mason, Ohio 45040
 Citizenship: USA
 Postal Address: same as residence

Second inventor:

Signature: _____ Date: _____
 Full Name: Dr. Randall Kevin Wolf
 Residence: 6175 Park Road
Cincinnati, Ohio 45243
 Citizenship: USA
 Postal Address: same as residence

Third inventor:

Signature: _____ Date: _____
 Full Name: Dr. Eric William Schneeberger
 Residence: 3445 Mooney Avenue
Cincinnati, Ohio 45208
 Citizenship: South Africa
 Postal Address: same as residence


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Sole or first inventor:

Signature: _____ Date: _____
Full Name: Joetta Renee Palmer
Residence: 3849 Cherry Brook Lane
Mason, Ohio 45040
Citizenship: USA
Postal Address: same as residence

Second inventor:

Signature:  Date: 2/27/04
Full Name: Dr. Randall Kevin Wolf
Residence: 6175 Park Road
Cincinnati, Ohio 45243
Citizenship: USA
Postal Address: same as residence

Third inventor:

Signature: _____ Date: _____
Full Name: Dr. Eric William Schneeberger
Residence: 3445 Mooney Avenue
Cincinnati, Ohio 45208
Citizenship: South Africa
Postal Address: same as residence

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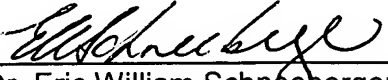
Sole or first inventor:

Signature:	_____	Date:	_____
Full Name:	Joetta Renee Palmer		
Residence:	3849 Cherry Brook Lane		
	Mason, Ohio 45040		
Citizenship:	USA		
Postal Address:	same as residence		

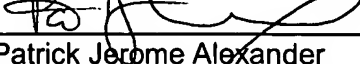
Second inventor:

Signature:	_____	Date:	_____
Full Name:	Dr. Randall Kevin Wolf		
Residence:	6175 Park Road		
	Cincinnati, Ohio 45243		
Citizenship:	USA		
Postal Address:	same as residence		

Third inventor:

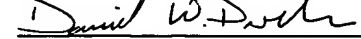
Signature:		Date:	2/24/04
Full Name:	Dr. Eric William Schneeberger		
Residence:	3445 Mooney Avenue		
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Citizenship:	South Africa		
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Fourth inventor:

Signature: 
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Date: 7-14-04

Fifth inventor:

Signature: 
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Date: 7/14/04

Sixth inventor:

Signature: _____
Full Name: Matthew Joseph Winkler
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Postal Address: same as residence

Date: _____

Seventh inventor:

Signature: _____
Full Name: Adam Ray Harp
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Citizenship: USA
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Date: _____

Fourth inventor:Signature: Date: 3-9-04Full Name: Patrick Jerome AlexanderResidence: 5569 Little Flower AvenueCincinnati, Ohio 45239Citizenship: USAPostal Address: same as residence

Fifth inventor:

Signature: _____

Date: _____

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Sixth inventor:Signature: Date: 3-9-04Full Name: Matthew Joseph WinklerResidence: 8070 Colette LaneCincinnati, Ohio 45224Citizenship: USAPostal Address: same as residence

Seventh inventor:Signature: Date: 3-9-04Full Name: Adam Ray HarpResidence: 3977 Randolph LaneCincinnati, Ohio 45245Citizenship: USAPostal Address: same as residence

Eighth inventor:

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